IDAHO STATE BOARD OF BARBER EXAMINERS IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise. Idaho 83702-5642

<u>APPLICATION FOR STUDENT INSTRUCTOR PERMIT</u>

Complete this form by providing (please print) the requested information and submit it to the address noted above. The signatures of the applicant and school agent must be notarized and the fee (\$25.00) must be attached. FEES ARE NONREFUNDABLE. Returned checks are subject to a \$20.00 collection fee.

NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS. THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING. As noted in Idaho Code, the Board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following: The conviction of a felony; Malpractice or incompetence; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the applicable laws or rules.

[] Cosmetology [] Nail Ted	chnology []Es	student instructor of: (please check or sthetics []Electrology []Barberi le 54, Chapter 5 or Chapter 8, Idaho (ing [] Barb	
1. Full Name (Mr., Mrs., or Ms.)				
2. Address of Record				
(The above address is public record)	Street	City	State	Zip
3. Mailing address				
(The above address is not public record) Street	City	State	Zip
4. Date of Birth		License number		
4. Date of Birth month day	year			
5. SS#Ph	one number () E-mail		
6. Name of Cosmetology school	ol you will atten	d and date training will begin:		
Name of school			Date traini	ng begins
7. Have you ever been convict (If yes, please attach a detailed stat order, any probation or parole documents)	ement, & official co	ourt documents that include a summary of		
		any other jurisdiction? ne Board directly from each licensing auth]No
		ended, or otherwise sanctioned? a summary of the charges, the final order,		
	ement of your expe	censure? erience, noting the names and addresses perience for each business listed.)	[]Yes [of the busines	

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AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release upon request of information about me that may otherwise be protected or confidential to other governmental entities.

	Signature of applicant
State of, County of Subscribed and sworn before me this day of	, ss. , 20
(seal)	Notary Public official signature my commission expires
SCHOOL A I certify that I am an agent of the aforementioned school within five (5) days of beginning his/her instructor trainin those laws and rules governing the training and supervise	I and that the named applicant is being registered ag. I further certify that I have read and will abide by
Print school agent name	Signature of school agent
State of, County of Subscribed and sworn before me this day of	, ss, 20
(seal)	Notary Public official signature

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